E				
ADE THON FOR EVERY	SION OF TIME IPIN	EP 27 CEP 1 126(a)	Docket Number 176	/60901 (6-11402-968)
	SION OF TIME UND	In re Application of Shohei Koide		
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner		11.10 1.1ppou		
				ovember 19, 2001
		For METHOD OF IDENTIFYING POLYPEPTIDE MONOBODIES		
for Patents, P.O. Box 1450, A 1450, on August 12	2, 2005	WHICH BIND TO TARGET PROTEINS AND USE THEREOF		
Signature: Kuth R. Smith		Group Art Unit 1646	Examiner Joseph F. Murphy	
Name: Ruth R.	Smith			
This is a request und reply in the above id		of 37 CFR 1.136(a) to extend the perin.	od for filing a	
The requested extent (check time period of		te entity fee are as follows		
One m	onth (37 CFR 1.17	7(a)(1)) - (\$60/\$120)		\$ 60
☐ Two m	☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)			\$
☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)				\$
☐ Four n	☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)			\$
☐ Five m	☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)			\$
Applicant claims small entity status.				
A check to cover the fee is enclosed.				
☐ Payment by credit card. Form PTO-2038 is attached.				
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138. I have enclosed a duplicate copy of this sheet.				
		is form may become public. Credit credit card information and author		
I am the application	ant/inventor			
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
≥ attorne	ey or agent of reco	rd.		
	ey or agent under 3	7 CFR 1.34(a). if acting under 37 CFR 1.34(a)		205
	Signature	<u> </u>	August 12, 20 Date	JU.3
1	Edwin V. Merkel		(585) 263-1	128
	yped or printed na	me	Telephone Nu	
NOTE: Signatures of all forms if more than one si		ees of record of the entire interest or their represelow.	esentative(s) are requ	ired. Submit multiple
☐ Total of	forms are subn	nitted.		

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